

OFFICE OF ATTORNEY GENERAL Consumer Protection Division Government Center South, 5th floor 302 W. Washington Street Indianapolis, IN 46204 (317) 233-4393 – Fax

Name and ∆ddress of Entity or Person that owns or	licenses the data	subject	to the breach				
Name			-				
Aaron J. Butler, Attorney at law							
Street Address		City			State		Zip Code
1835 S. Calhoun St.		Fort Wayne		IN			46802
Submitted by	Title	L		1		Dated	<u> </u>
Submitted by Title Aaron J. Butter Owner/			r/Principal			07/14/17	
			Titolpat				
Firm Name and Address (if different than entity)						Telephone	909
						260-403-3	
Email			Relationship to Entity whose information was compromised				
aaronbutleresq@gmail.com			Principal				
Type of Organization (please selectione)							
		n Distrib	60 September 200 miles and a september 200 miles			_n.	
State of Indiana Government Agency Health Care			U Not-For-Profit				
	er Government Entity						,
Educational	Other Com	mercial	al Lawyer-			- solo practitioner	
Number of Persons ∧ffected			Dat	es			
Total /Indiana Included\ 303	200						
Total (molana moladeo)	- Date Breach Occurred (monate						
Indiana Residents Only 303 De	ate Breach Discov	/ered				e 22, 2017	
D	Date Consumers Notified			June 23-July 3			
Reason for delay, if any, in sending notification							Carlon Santa
	Astoprosidense grijderke in den 1990		and the second s	**************************************		A Commence of the control of the con	
My windows password-protected laptop was stolen June 22. Notification of clients to be alert for a possible data breach began within							
24 hours by telephone. Older clients were contacted by email and U.S. mail, respectively. Time was required to determine which former oustomers had personal information that may have been/could be breached, and prepare mail or email notice.							
former customers had personal information tha	at may have bee	moouk	o be bleached, and p	nepare i	nan or	CITIZII HOUCE	
				n al sau soli			
Description of Breach (select all that apply)							an as a second second
☐ Inadvertent disclosure	External system b	reach (e.	g. hacki	ng)			
Insider wrong-doing Other						1	
Loss or theft of device or media (e.g. compute	er. laptop, externa	 I					
hard drive, thumb drive, CD, tape)							
Information Acquired (select all that apply)				. A. A. S.			
	eembination with	/ salaat c	all that apply)	aktioning patrick on stiffingt			, Tambar i statis attache miseraturation
	Name in combination with (select all that apply)						
	☑ Driver's License Number ☐ State Identification Number						
☑ Credi	☑ Credit Card or Financial Account Information						
☐ Debit Card Number (in combination with security code, access code, password or PIN for account)							
List dates of previous breach notifications (within la	st 12 months\						
					egionosianes		
N/A							

INDIANA DATA BREACH NOTIFICATION FORM

Page 2 of 2

Manner of Notification to Affected Persons	Identity Theft Protection Service Offered
Attach a copy of a sample notification le	tter Yes Duration
Written	✓ No Provider
✓ Electronic (email)	Brief Description of Service:
✓ Telephone	
Since this breach, we have taken the followi	ng steps to ensure it does not reoccur (attach additional pages if necessary)
I'm investigating stronger encryption sot	tware for my new laptop that would be sufficient so that theft of a laptop would not qualify as
	d am seeking to recover the laptop if possible.
}	
Valenteen	
Any other information that may be relevant t	o the Office of Attorney General in reviewing this incident (attach additional pages if necessary)
My form notification letter, which was als	so sent by email to clients with an active email address, is attached.
	,

SUBMIT